IHCC
Inter-Hospital Coordinating Council
Est. 1994

OPERATING STATUS FORM

HOSPITAL/HEALTHCARE FACILITY:	
DATE/TIME:	

	QUESTIONS	***YES***	***NO***	***N/A***	***COMMENTS***
1	*Can you continue to treat incoming patients?*				If **NO**, why not? ☐ Infrastructure ☐ Resources/Supplies ☐ Staff ☐ Capacity ☐ Other
2	*Have you evacuated any part of your facility?*				If **YES**, to where? ☐ Temporary holding location ☐ MAEA Member Facility ☐ Other property _____ Reds (Type 1) _____ Yellows (Type 2) _____ Blues (Type 3) _____ Greens (Type 4)
3	*Do you anticipate any part of your facility to be evacuated?*				
4	*Any major structural damage?*				
5	*Any major non-structural issues?*				
6	*Can the Hospital/Healthcare Command Center communicate with external agencies?*				
7	*# of deceased at your facility?*	Total Number: _____			
8	Available Mortuary Space	☐ Sufficient	☐ Insufficient	☐ N/A	
	UTILITIES				
9	*Are water lines to essential areas operational?*	☐ Normal	☐ Backup	☐ None	
10	*Is natural gas to essential areas operational?*	☐ Normal	☐ Backup	☐ None	
11	*Is power to essential areas operational?*	☐ Normal	☐ Backup	☐ None	
12	*Is the sewage system functional?*	☐ Normal	☐ Backup	☐ None	
	BEDS	***# of Staffed Beds Available***			***N/A***
13	*Neonatal Critical Care (30 days or younger)*				
	Pediatric Critical Care (30 days to 18 yrs)				
	Adult Critical Care				
	Medical/Surgical (Peds)				
	Medical/Surgical (Adult)				
	Psych/ Mental/Behavioral Health				

	BEDS	# of Staffed Beds Available	N/A
	Skilled Nursing/Rehabilitation		
	Memory		
	Specialty beds (TYPE _____)		
	Specialty beds (TYPE _____)		
	Specialty beds (TYPE _____)		

	Capacity to Admit (Hospice/Home Health) – within the next 96 hours				
14	*# of admits _____*	☐ *NA*			
	Current Resources Status. Can you maintain 96 hours operations capacity in each of the following areas?	***Yes***	***NO***	***N/A***	***COMMENTS (Required if answered "no")***
15	*Medical Gases*				
	Food/Water				
	Pharmaceuticals				
	Personnel Protective Equipment				
	Medical Supplies				
	Non-Medical Supplies				
	Specialty Equipment (example, ventilators)				
	Medical Waste/Trash Disposal				
	Laundry Services				
	Blood Services				
	Staff (medical/non-medical)				
	Cleaning Supplies				
	Security				
	Fuel				
	Other (Specify):				

IMMEDIATE NEEDS: If you have immediate resource needs, complete and submit the Healthcare Request Form.

HOSPITAL/HEALTHCARE COMMAND CENTER CONTACT INFORMATION:

Liaison Officer: _____ Contact Information:
Landline Phone #: ( ) _____ - _____ Cell Phone #: ( ) _____ - _____
Email: Fax #:

Other Comments: